

development officer in a university faculty of health. They have brought together writings from a variety of professionals in management, social work, nursing, midwifery, and education.

Two chapters in this book deserve special mention. Kevin Kendrick's contribution explores the concept of care within research practice. He logically and thoughtfully discusses the guiding principles underpinning caring and researching, keeping a careful balance between the reality of practice and the theoretical constructs. Norma Fryer's chapter deals with informed consent and is similarly focused and clearly ordered.

Unfortunately the rest of the book does not reach the same standard. An odd blend of basic information and advanced philosophical ideas makes it difficult to see for whom this volume was written. There is a perplexing lack of logic and cohesion overall and this, coupled as it is with questionable syntax, a certain imbalance in style and content, and numerous typographical and design errors, leaves the reader having to work hard to extract useful information from this collection of writings. The stated aim of the book, to analyse and debate major issues of professional ethics generally, and of research specifically, was appealing. The reality is that the text does not realise this aim.

HAZEL E McHAFFIE
*Institute of Medical Ethics,
University of Edinburgh*

Contemplating Suicide: the Language and Ethics of Self Harm

Gavin J Fairbairn, London,
Routledge, 1995, 209 pages, £37.50
hbk, £12.99 pbk.

This book does more than contemplate the subject of suicide. Gavin Fairbairn is a moral philosopher who has worked in the health care field as a psychiatric social worker. He had, therefore, some personal experience of suicide and those who carry it out (he does not like the word "commit") and aims to produce a book which is of some practical help to those involved.

The philosophical focus of the book is on intention. Fairbairn's assertion is that an act of self harm which results

in death cannot be called suicide unless it was the specific intention of the subject to bring about his or her own death. Conversely, if the subject has acted with this intention and does not succeed this is also to be termed suicide even though the subject is still alive. In other words, the intention to bring about one's own death is both necessary and sufficient for suicide. This assertion leads the author to reject the current range of terms used to describe acts of self harm, such as "parasuicide", "non-fatal" suicide, and "threatened" suicide, as being ill-defined and unhelpful. He offers an alternative vocabulary including "cosmic roulette", to define a situation where the self harmer is in doubt about his intent, and "gesturing at suicide", where the intent is not to die, in order to cover situations which are not suicide in the terms of his definition. This new "taxonomy" is helpful in clarifying what Fairbairn has shown to be a muddle and it also allows him to explore his own definition.

Having dealt with what is not suicide Fairbairn spends the remainder of the book examining what is. He considers the possible contexts which might lead an individual to perform the act, such as a feeling of altruism or duty or a desire for revenge; and he discusses the possibility of intervention in a suicidal act and the implications this has for autonomy.

In an interesting "archaeological" chapter Fairbairn examines well-known historical acts of suicide from the point of view of his thesis. He does not come to any firm conclusion on whether the death of Socrates (which he compares with the ritual suicide of a Japanese seppuku) was suicide or not and his final comments in this section raise a major point on which the book is not clear. Fairbairn's thesis is that the definition of an act of self harm depends on the intent of the person performing it. His comment on the death of Socrates is that his death was suicide only if he intended to take his life because he *wished* to be dead. This suggests that the intention to die is necessary but not sufficient. There seems in this case to be a further necessary condition: the wish to die. Are both the intention to commit suicide and the wish to die necessary for his definition? I am not sure.

My only other reservations about the book are minor ones. Firstly, the use of the word suicide as a verb (as in "he suicided") does not seem to have validity as far as the *Oxford English Dictionary* is concerned and I found it

grated in reading the book. Fairbairn explained this usage by saying that he wished to avoid the word "commit" which he felt was loaded by its association with "to commit murder". I think that in the context of his detailed discussion this loading would disappear. Secondly, some of the examples used were so long and involved that the distinctions the author was trying to make were lost in the midst of his flights of imagination. The story of Mr Pailin, who took his own life in the mistaken belief that his daughter had died in an accident and thus pleased his unfaithful wife who had already planned with her lover to murder him, is a case in point.

This is an interesting book which covers the conceptual ground comprehensively, in an entertaining way and makes a good case for a new terminology for acts of self harm. It should be read by doctors, nurses and social workers who have an involvement with suicide and who are interested in the philosophical issues it raises. Since the author wishes the book to be of practical value to those in the field and does not give much attention to a discussion of the morality of suicide – a point of major interest to philosophy – it may not be so attractive to philosophers.

JANE MACNAUGHTON
*Department of General Practice,
University of Glasgow*

Buddhism and Bioethics

Damien Keown, London and New
York, MacMillan and St Martin's
Press, 1995, 208 pages, £40.

Dr Keown has produced a very important book in the fields of cross-cultural ethics and Buddhist studies. His goals are stated modestly yet are, in fact, fundamentally ambitious. He set out to write the first study ever to present a Buddhist overview of bioethics that is simultaneously intelligible and interesting to general readers, to specialists in Buddhist studies, and to medical ethicists.

I think he has succeeded very well. This clearly written, carefully researched, and systematically structured volume will be a necessary work for all subsequent writers and researchers in the field. There is no better source than this book for the non-specialist who wants an introduction to

Buddhist thought on bioethics. One of the great values of cross-cultural studies is that they provide fresh insights and solutions to problems in one's own culture. Westerners, in their attempt to come to some acceptable way of dealing with the legal and ethical dilemmas of abortion, could benefit quite a lot by considering the Buddhist approaches to this problem that Dr Keown details.

Buddhism and Bioethics begins with a short introduction that has a good thumbnail presentation of the basics of Buddhism and which raises six fundamental methodological questions in Buddhist ethics and cross-cultural ethics which guide the book. In paraphrase, the questions are: (1) Does cross-cultural ethics demand its own special methodology?; (2) Is there such a thing as the Buddhist view on ethical questions or are there only views of particular Buddhist individuals and schools from particular places and times in the vast temporal and cultural sweep of Buddhist history?; (3) What is the role of scripture in establishing moral norms in Buddhism?; (4) Are Buddhists moral absolutists or situation ethicists?; (5) What is the moral status of non-human life in Buddhist ethics? and (6) What is the role of compassion in Buddhist ethics?

His answers to these questions are very clear and well argued, but, in some cases, I believe his positions are somewhat incorrect. In particular, his insistence that there is "a Buddhist view" on various specific bioethical issues is perhaps too easily arrived at. He puts tremendous weight on data from the ancient scriptures of Theravada Buddhism, the Buddhism practised in South East Asia, including Thailand and Sri Lanka. He regards these texts, which he knows very well in their original language, together with one particular classical scholar, as normative. He admits to being a sort of "Buddhist fundamentalist" and very conservative on these issues.

I believe that later Mahayana texts and tradition are no less normative and that more attention should have been given to anthropological, field-based studies. My research has led me to conclude that it is much more accurate to speak of "Buddhist approaches" rather than to postulate one normative "Buddhist view" on these complex issues. My view of the Buddhist tradition is that it is much more relativistic and situational than Keown's view, which sees Buddhist ethics as normative and absolute. However, this is not a condemnation

of Keown's study which has the virtues of clarity, careful argument, and deep grounding in the primary texts and scholarly literature.

The bulk of the book is in the form of three long chapters. The first lays out a theory of Buddhist bioethics; the second focuses on the issues that cluster around the beginning of life (including abortion, embryo experimentation, artificial insemination, and the like); the third treats the end of life (including coming to a Buddhist definition of death, euthanasia, and suicide). Obviously then, many important issues in biomedical ethics, such as the right to health care, allocation of scarce resources, genetic counselling, environmental ethics, and so forth are not covered in the book. This is not a particular weakness, as it would have been far too ambitious, and the book would have been far too long if the author had attempted everything.

In general, Keown's treatment of the topics he does focus on is very comprehensive. He develops Buddhist positions on a wide range of specific ethical problems, such as artificial insemination with sperm donation from husband and from non-husband; and the ethical status of twinning and recombining embryos; and he provides finely distinguished categories of euthanasia. Much of this is truly original work, the very first attempts to deal with some of these issues from a Buddhist perspective. On the whole, his strength is his clear theoretical approach and his weakness is in dealing with the reality of Buddhist practices in the modern world. For example, his discussion of abortion practices in Sri Lanka and Thailand is very careful, but does not take into account the latest field studies.

All in all this is a very good book, highly recommended to anyone interested in the field. No academic library should be without it.

ROBERT E FLORIDA

*Dean of Arts,
Brandon University,
Brandon, Manitoba,
R7A 6A9 Canada*

Children as Research Subjects: Science, Ethics and Law

Edited by M A Grodin and L H Glantz, New York and Oxford,

Oxford University Press, 1994,
258 + xiii pages, £30.00.

The use of children as subjects of medical research was first controlled legislatively nearly 100 years ago, with a 1900 law preventing most such research in Prussia. In 1931 a German law made non-therapeutic research on minors (under 18) illegal. The UK Medical Research Council in 1962 also concluded that non-therapeutic research on children was unlawful. Yet in the last 30 years the protection of children from research risks has been so eroded that even the injunction that research be performed first on adults capable of consent is now ignored in the field of gene therapy.

This multi-author volume from the United States does little to stem such erosion, and in places encourages it. Dan Brock, a professor of biomedical ethics, for instance, considers the way in which children benefit from the results of earlier research, and "... establishes not just that it is ethically permissible for children to participate in research not expected to be of benefit to them but that it is ethically obligatory for them to do so". In a valuable chapter on vulnerable children, Robert Cooke, a paediatrician, does argue against carrying out any non-therapeutic research on such children if the risk is greater than minimal, but does not argue for similar protection to be available to children not defined as vulnerable.

This is the first attempt by American authors since the 1977 report and recommendations of the US National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, to provide a comprehensive review of research with children. It is therefore to be welcomed since it should encourage a new generation of American paediatric researchers to think carefully about their duties to child research subjects.

That may, however, be the limit of its value, since it suffers from a disease now epidemic in the United States: academic xenophobia. Of over 500 references, fewer than 20 are to work published outside the United States; one-third of those citations are incorrect, as if the primary source had not been consulted. By largely ignoring relevant non-American work, the authors fail to take forward the debate about the protection of children. Thus the difficulties of obtaining consent to research into emergency care, such as resuscitation or early neonatal care,